APPLICATION FOR EMPLOYMENT

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Brantley County Government

33 Allen Road Nahunta, Georgia 31553-0398 (912) 462-5256

All information provided on this application MUST BE COMPLETE so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, religion, sex, age, national origin or disability. Brantley County will hire only authorized workers, regardless of national origin. This application must be typed or printed. Please complete one application for each position for which you are applying. YOU MUST SIGN AND DATE YOUR APPLICATION IN INK. RESUMES <u>ARE NOT</u> ACCEPTED IN LIEU OF A COMPLETED APPLICATION.

INCOMPLETE APPLICATIONS MAY BE REJECTED

Personal Data

Salary Require	ement:					
Last Name	F	First (given)	Middle	Other name	e(s) under which	you have been employed
Address:	Street	Apt #		City	State	Zip Code
E-mail Address: _					_	
Telephone:	· · · · · · · · · · · · · · · · · · ·					
Н	ome Phone #		Work Phon	e #	Cell	Phone #
How did you hear	of this opening	?		Date	available to begi	n:
WILL YOU ACCI (Check all that app		ry Work? ? Pa	art-Time Work? [? Shift World	k? ? Weekend/l	Holiday? ?

Are you over 18 years old? _ U. S. government permission	Are you eligible to do so? ? No ?	to work in the Uni Yes	ited States eit	ther because you are a U. S. citizen or have
				fy employment eligibility. Failure to provid ble for employment in the United States.
Have you ever worked for us	before? ? No ?	Yes If yes, when	and where?	
Do you have any relat	<mark>ives who are curre</mark> r	<mark>ntly employed</mark>	<mark>l by Bran</mark>	tley County Government?
Please check YES or NO	? No ? Yes If yes,	specify relationsh	ip and depart	tment
Do you use tobacco products	? ? No ? Yes If yes, 6	explain:		
DRIVER'S HISTORY INFORDO you have a valid Drivers				
License #	Class		State	
Have you received any traffic	violations in the past 3 years	ears? ? No ?	Yes If ye	s, list type of offense and dates:
Checks, etc.) ? No ? Yes a Juvenile Court or under a Y Use additional sheets if neces	8) ever been convicted of continuous traffic (Omit non-moving traffic touth Offender Law). If yessary.	violations/parking yes, describe the c	g tickets and circumstances	a misdemeanor? (for example: DUI, Bad any offense which was finally adjudicated s: (Date, Place, Charges, Disposition).
the circumstances: (Date, Pla				a felony? ? No ? Yes If yes, describe sary.
substance, dangerous drugs o weapon, aggravated assault o automatically rejected. Applie	r marijuana, or convicted or r murder are ineligible for cants convicted of any other or misdemeanor and has r	of any felony invo- employment with er felony will be or received a pardon	olving a viole a Brantley Co considered on	ribution, trafficking, or sale of a controlled ent crime such as assault with a deadly bunty Government. Such applicants shall be a case-by-case basis. An applicant who ha ropriate State Pardons Parole Board shall b
Have you ever been suspende	ed, demoted, dismissed or	asked to resign fro	om any job?	? No ? Yes
If yes, explain in detail:				

EDUCATION

(ool or state authority is	suing the dinl	Address:oma or certing	ficate)			
cle highest grade complet ot a high school graduate	ed: 7 8 9 10 1	1 12	G	raduated? ?	No ? Ye	es	
lleges/Universities ase complete the following		ndary educati	on (Technica	al Schools/Col	lleges/Univer	sities):	
Name of School	City	State		If No Degree, Hours Earned		Type of Degree	Degree Earned
			Quarter	Semester			yes/no
		d telephone r	numbers of the	hree (3) refere	ences that AI	RE NOT rel	lated to you
E NOT previous employ		d telephone r	numbers of the	hree (3) refere		RE NOT rel	lated to you
E NOT previous employ		d telephone r	numbers of the	hree (3) refere		one#	lated to you
E NOT previous employ Name	yers.	d telephone r		hree (3) refere	Pho State	one#	
E NOT previous employ Name Address: Street	yers.			hree (3) refere	Pho State	one#	Zip Code
Address: Street Name	Apt#		City		Pho State Pho	one #	Zip Code

Work History

Describe your work history **beginning with your current or most recent job**. Include military and volunteer experience and periods of unemployment. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. **A resume may be attached only as additional information and will not be accepted in lieu of completing this section.** Use additional sheets if necessary.

Name of Organization or	Firm:		Telephon	e:
Address:				
Street			Dates Employed: From Mo/Yr	To Mo/Vi
City	State	Zip Code		
			Total Time Employ	/ed:
ame of Your Superviso	r:		Pay Start:	End:_
our Official Job Title: _				
pecific Reason for Leav	ving:			
escribe Your Specific I	oh Duties:			
serioe rour specific s	00 Buties			
*****	*****	· • • • • • • • • • • • • • • • • • • •	****	****

ame of Organization or	· Firm:		Telephon	
Jame of Organization or	· Firm:		Telephone	e:
ame of Organization or	Firm:		Telephone	e:To Mo/Yı
Tame of Organization or Address: Street City	State	Zip Code	TelephoneDates Employed:From Mo/Yr Total Time Employ	e:To Mo/Yı
Address: Street City	State		TelephoneDates Employed:From Mo/Yr Total Time Employ	e:To Mo/Y1 To Mo/Y1 //ed:
ame of Organization or Address: Street City Tame of Your Superviso	State	Zip Code	TelephoneDates Employed: From Mo/Yr Total Time Employ Pay Start:	e:To Mo/Y1 To Mo/Y1 //ed:
Name of Organization or Address: Street City Name of Your Supervisor Your Official Job Title:	State	Zip Code	TelephoneDates Employed: From Mo/Yr Total Time Employ Pay Start:	e:To Mo/Yi yed:End:_

. 11	•		Telephone	e:
ddress:				
Street			Dates Employed: From Mo/Yr	To Mo/Yr
City	State	Zip Code	Total Time Employ	red:
lame of Your Supervisor	:		Pay Start:	End:
******	******	*****	•••••	*****
Name of Organization or	Firm:		Telephone	e:
Address:				
Street			Dates Employed: From Mo/Yr	To Mo/Yr
City	State	Zip Code	Total Time Employ	red:
Jame of Your Supervisor	:		Pay Start:	End:
our Official Job Title:				
Describe Your Specific Jo	b Duties:			
******	*****	*****	• • • • • • • • • • • • • • • • • • • •	*****
	. for addition	al information pertine	nt to your education, trai	ning and ex

Authorization to Release Information Conditions of Employment

I have made application for employment with Brantley County. I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, whether or not it is in their records, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage whatsoever for issuing same.

Furthermore, if I am employed by Brantley County, I agree to conform to the policies, rules, orders and regulations of the government set forth in the Brantley County Government's Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I become employed with Brantley County, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until such time that I am no longer on my initial trial period, and become a regular status employee.

If required by Brantley County Government for the position which I am applying, I consent to undergo a physical examination and/or psychological examination after I have received a conditional offer of employment, as deemed necessary.

THIS APPLICATION WILL REMAIN ACTIVE <u>FOR NINETY (90) DAYS ONLY</u> UNLESS RENEWED PERSONALLY, BY ME IN WRITING.

Before an applicant can be employed with Bran employee with Brantley County, your posi	antley County, they must successfully pass a drug test. Should you become tion may require random drug testing.
May we contact your present employer? \delta No	★ Yes ★ Presently not employed
You must sign the "Authorization to Release Inf though we may not contact your present employ	ormation" form to enable us to contact prior employers, even er.
Date:	Signature:



Alcohol and Controlled Substance Testing

As a condition of employment with Brantley County, you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment, abide by our policies regarding the effects of drug use and the unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in

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their bodily systems. Employees must report any conviction under a criminal drug statue for such violations. A report of the
conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Ac
of 1988). In order to be employed by Brantley County, you must successfully pass the aforementioned testing.
By signing this form, I acknowledge the above and consent to such an examination and test.

Date:	Signature:
******	• • • • • • • • • • • • • • • • • • • •

Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of employment. Brantley County Government is hereby authorized to make any investigation of my prior educational and work history. Finally, I agree that all records generated for purposes of employment are property of and shall remain the sole and exclusive property of Brantley County.

Date	Applicant's Signature	
Daic	Applicant's Signature	

Resumes, letters of reference, etc. submitted with the application become the property of Brantley County and will not be returned. The information you have provided on the application is subject to public disclosure under the Georgia Open Records Act.

ALL OFFICIAL APPLICATIONS MUST CONTAIN ORIGINAL SIGNATURES.

